

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

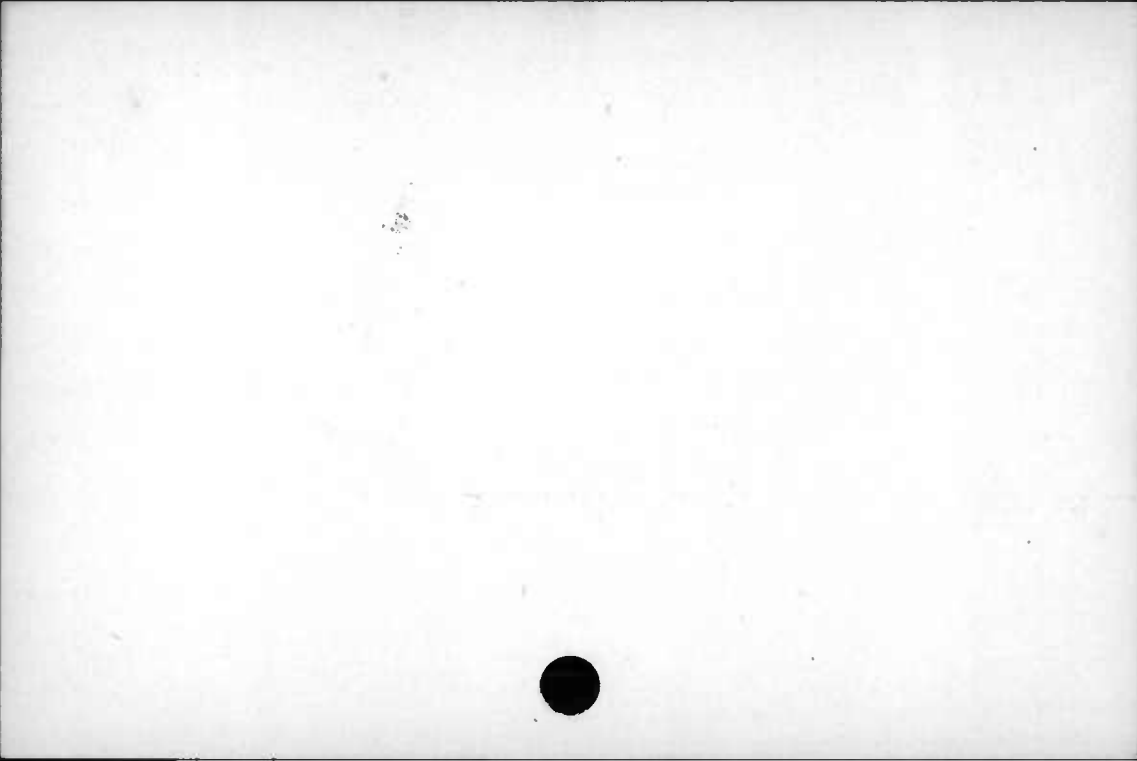
Died at		Town <i>Olney</i>		County <i>Adams</i>		MAYLAND	
Date of death		Month <i>Oct</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>25</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Washington, D.C.</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James E. Adams</i>				Father's Birthplace <i>Montg. Co., Md.</i>			
Mother's Maiden Name <i>Ida Rogers</i>				Mother's Birthplace <i>Boward Co., Md.</i>			
Name of person giving In formation <i>James E. Adams</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

(171)

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>About 3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	<i>Chas. Farguehan, M.D.</i>
Address	<i>Olney Md.</i>
Accident or Suicide?	



Name

in
Full

William A. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

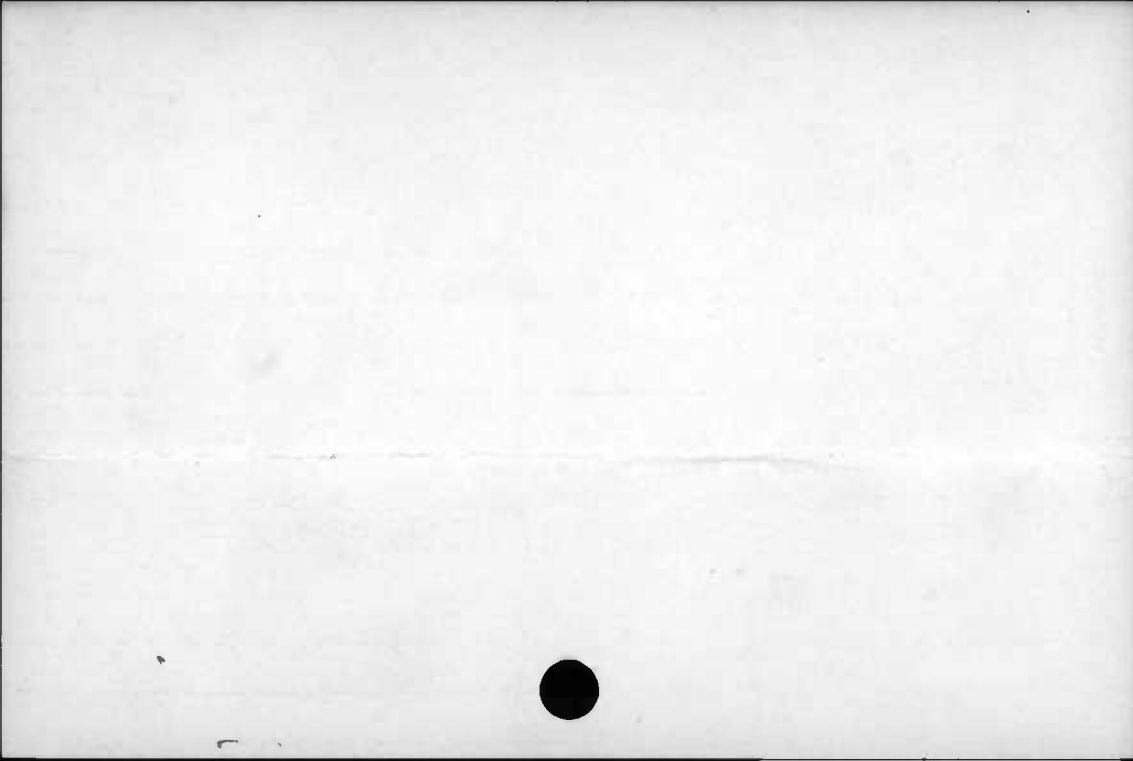
Died at <i>Sunshine (unity)</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death 1907	Month	Day	Age	Years	Months	Days			
17	Oct.	12	53		3				
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ednor</i>				
Married, Single or Widowed	<i>Married</i>	Occupation	<i>Farmer</i>						
Name of Wife or Husband	<i>Mary Baker</i>								
Father's Name	<i>John Elias Baker</i>				Father's Birthplace	<i>Fredrick Co.</i>			
Mother's Maiden Name	<i>Rebecca Rabbitt</i>				Mother's Birthplace	<i>near Norbeck</i>			
Name of person giving information	<i>Martha Downes</i>				How related to deceased	<i>Sister</i>			

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	<i>Chronic Pleuritis</i>	How long	<i>16 months</i>
Immediate	<i>Acute Delirium (Brain Fever)</i>	How long	<i>17 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Aug. Stabler</i>
		Address	<i>Brighton</i>
Accident or Suicide?			



Name
in
Full

Justin K Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

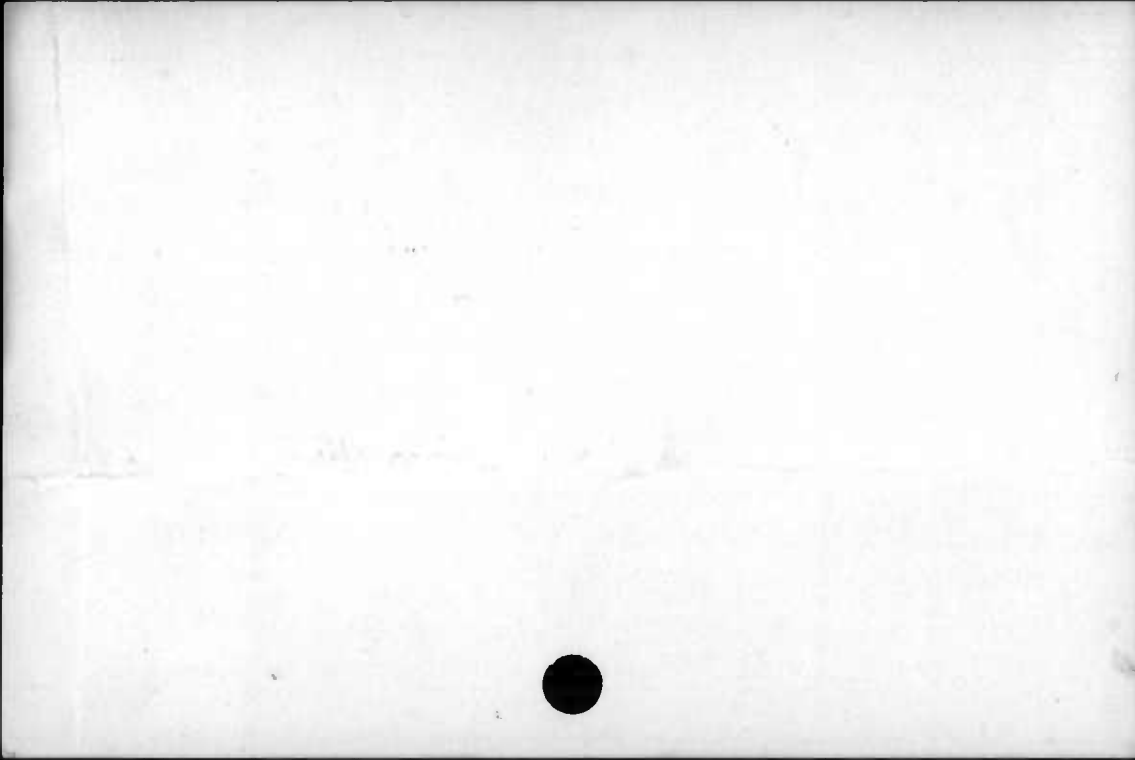
Died at <i>Spencerville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>9</i>	Age <i>53</i>	Years <i>53</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Occupation <i>Blacksmith</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Lela Black</i>				
Father's Name <i>Samuel Black</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Mary Miles</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Harry Black</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>6 months</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Burton</i>
	Address <i>Spencerville Md</i>
Accident or Suicide?	



Name
in
Full

Dora R. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

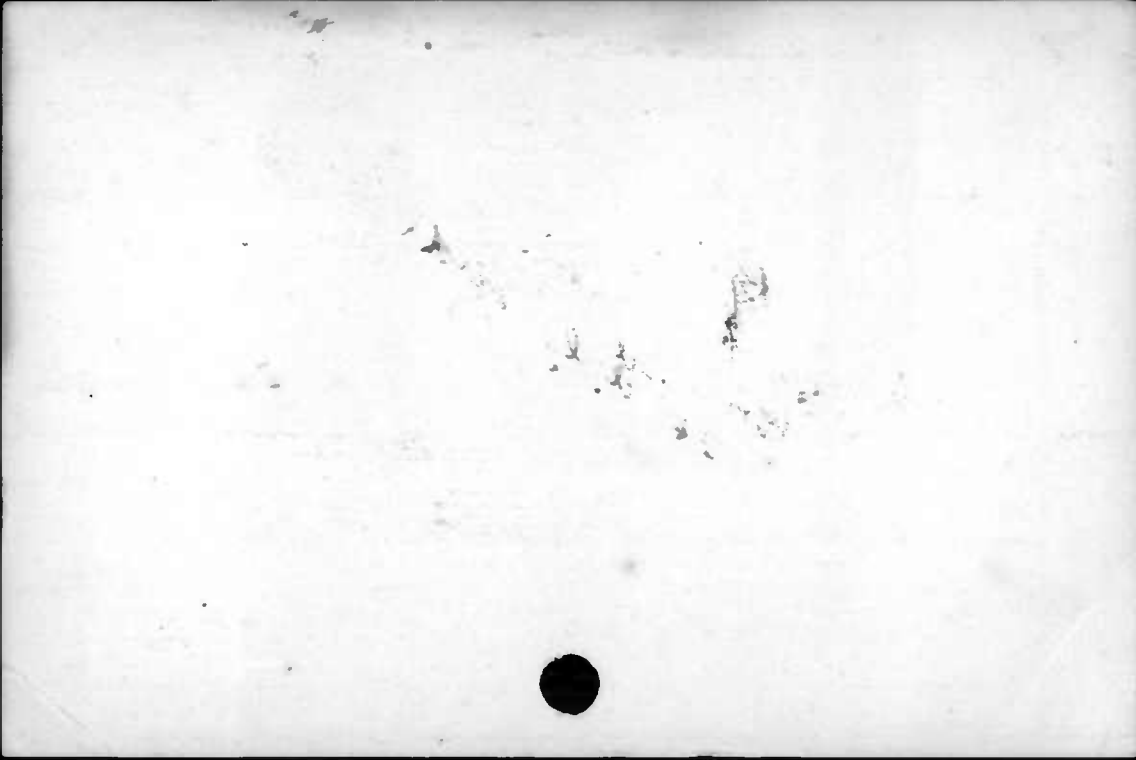
Died at <i>near Germantown</i> Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>15</i>	Age <i>20</i>	Months <i>Unknown</i>	Days <i>Unknown</i>
Sex <i>Female</i>	Color or Race <i> negro</i>		Birth-place <i>Clarksburg</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife Husband <i>William E. Brown</i>			
Father's Name <i>Harry Doyle</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Margaret Mable</i>		Mother's Birthplace <i>Montgomery Co. Md.</i>			
Name of person giving information <i>Sister + Sister</i>		How related to deceased <i>(Sister-in-law)</i>			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Tubercular peritonitis</i>	How long <i>9 mos.</i>
Immediate <i>Asthenic</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. D. Nourse M.D.</i>
	Address <i>Dawsonville Md.</i>
Accident or Suicide?	



Name
in
Full

Alexander B. Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Burtonville* TownCounty *Montgomery*Date
of death *1907*Month *Oct*Day *14*

Age

Years *69*

Months

Days

Sex

*Male*Color or
Race*white*Birth-
place*Burtonville*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Nattie Carr*Father's
Name*Benj. G. Carr*Father's
Birthplace*md*Mother's
Maiden Name*Nattie Carr*Mother's
Birthplace*Burtonville*Name of person giving
information*Ben. Carr*How related
to deceased*Father in law*

CAUSES OF DEATH

166

Primary

Street Car accident

How long

Immediate

heart failure

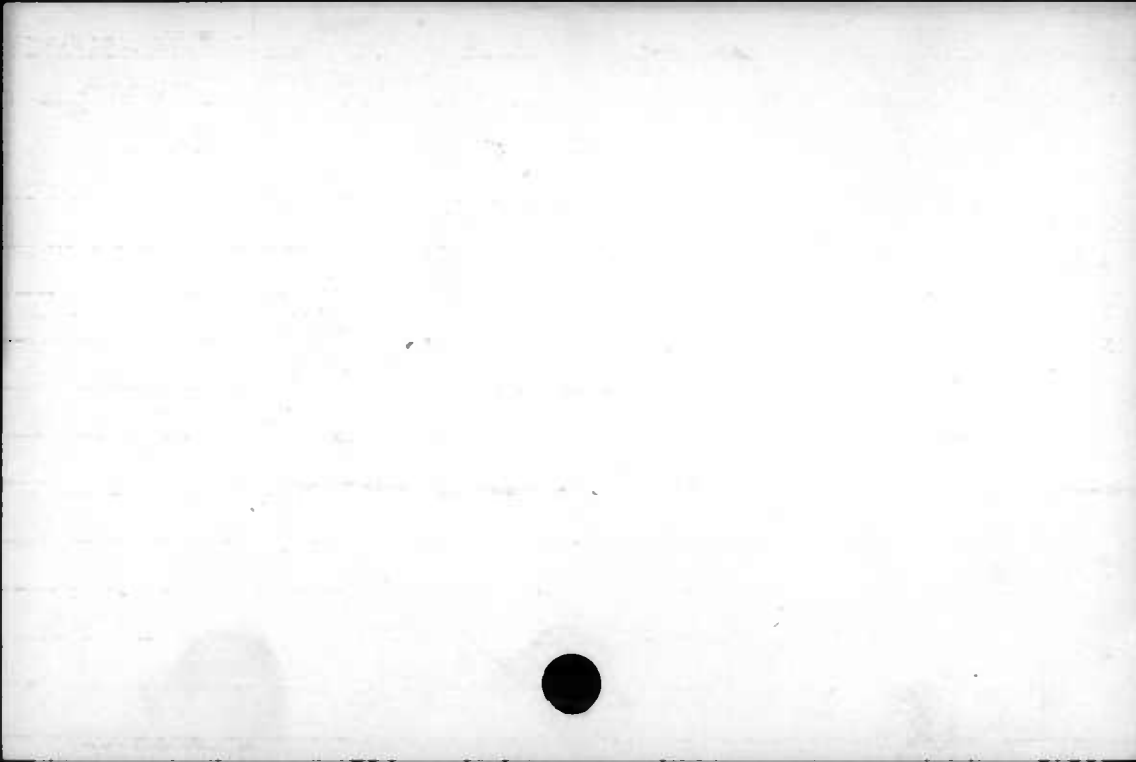
How long

*10 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*C. R. Carson*

Address

Spencerville

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm E. Fields*

Died at *River Road* Town *Money,* County *Co*

State *MARYLAND*

Date of death *1907* Month *Oct* Day *19* Age *4* Years *4* Months *4* Days

Sex *male* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *William Fields* Father's Birthplace *Me.*

Mother's Maiden Name *Elizabeth Fields* Mother's Birthplace *Me.*

Name of person giving information *James Brown* How related to deceased *Not at all*

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

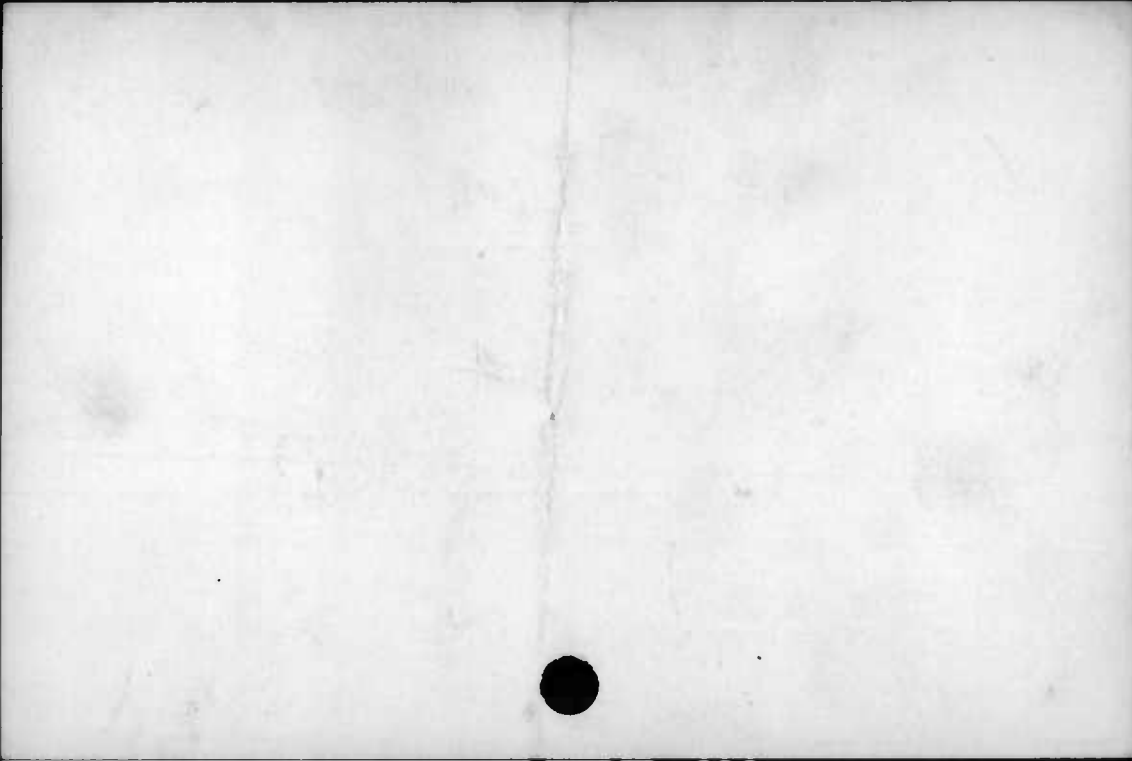
Primary *Cerebral meningitis* How long *4 days*

Immediate *Heart failure* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Anthony M. Bay*

Address *Seemingly to Dec*

Accident or Suicide? _____



Name
in
Full

James Franklin Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockville		County Montgomery		MARYLAND	
Date of death	1901	Month Oct	Day 22	Age 55	Years	Months	Days
Sex	Male		Color or Race	White -		Birth- place	Montgomery Co
Occupation	Town - bailiff			Where Residing if not at place of death Rockville			
Married, Single or Widowed	Married		Name of Wife or Husband	Grace Braddock			
Father's Name	John Green				Father's Birthplace	Maryland	
Mother's Maiden Name	Jane Hall-				Mother's Birthplace	Maryland	
Name of person giving Information	W. R. Humphrey				How related to deceased	Not at all	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Miliary tuberculosis		How long	Two weeks
Immediate	Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Clairborne H. Mannat
			Address	Rockville, Md.
Accident or Suicide?	No			



Name
in
Full

Ada May Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

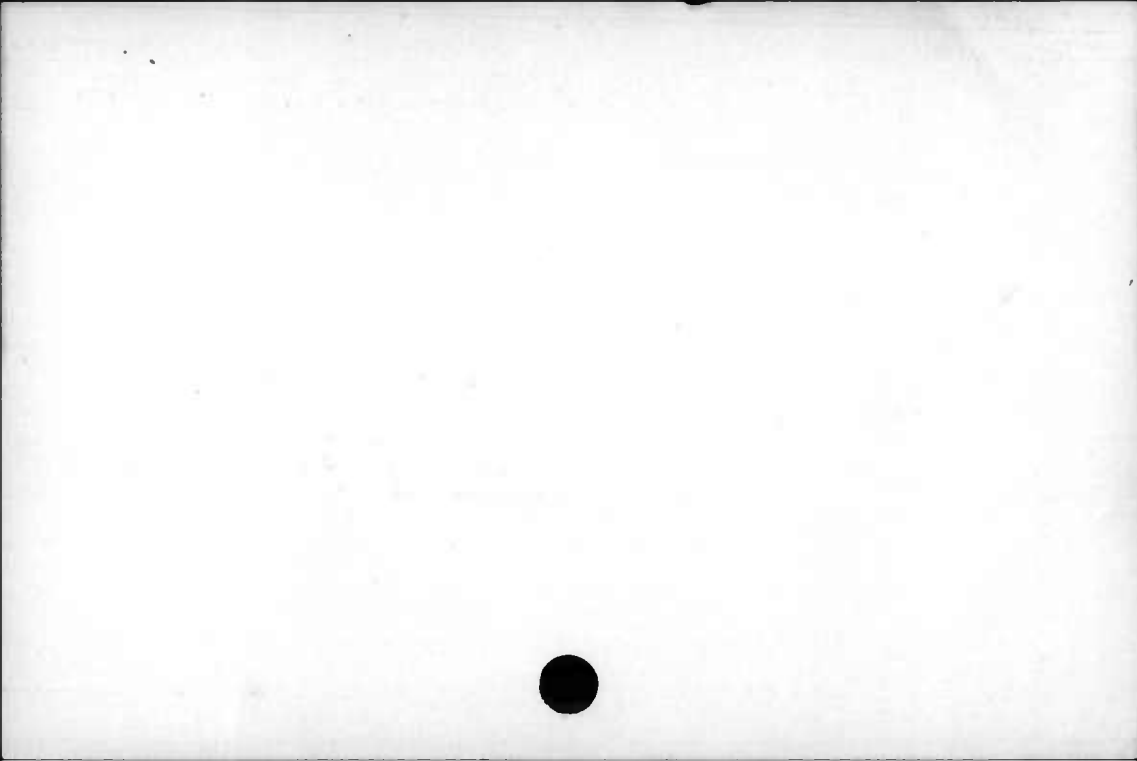
Died at <i>Mar Epton</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>23</i>	Age	<i>9</i>	Months	Days
Sex	<i>Female</i>			Color or Race	<i>Colored</i>			Birth-place	<i>Montgomery Co</i>
Occupation	—			Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband					
Father's Name	<i>James Hall</i>						Father's Birthplace	<i>Stanford Conn</i>	
Mother's Maiden Name	<i>Lydia Bowen</i>						Mother's Birthplace	<i>Montgomery Co</i>	
Name of person giving information	<i>Idcar King</i>						How related to deceased	<i>Half Brother</i>	

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	<i>Spinal Meningitis</i>	How long	<i>Six weeks</i>
Immediate	<i>Paralysis</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W H Dyeon Jr. D.</i>	
		Address	
		<i>Laytonville Md</i>	
Accident or Suicide?			



Name
in
Full

Hickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockville		County Montgomery		MARYLAND	
Date of death 190	7	Month Oct.	12	Day	Age	Years	Months 2
Sex	female		Color or Race	White		Birth- place	Rockville, Md.
Married, Single or Widowed		Single		Occupation		none	
Name of Wife or Husband							
Father's Name				A. R. Hickerson			
Mother's Maiden Name				Father's Birthplace			
Name of person giving In formation				Mother's Birthplace			
				How related to deceased			

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	Inanition	How long	2 mo 20 da.
Immediate	Exhaustion	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Rockville, Md.	
Accident or Suicide?			



Name
in
Full

Joanna Hobbs.

CERTIFICATE OF DEATH

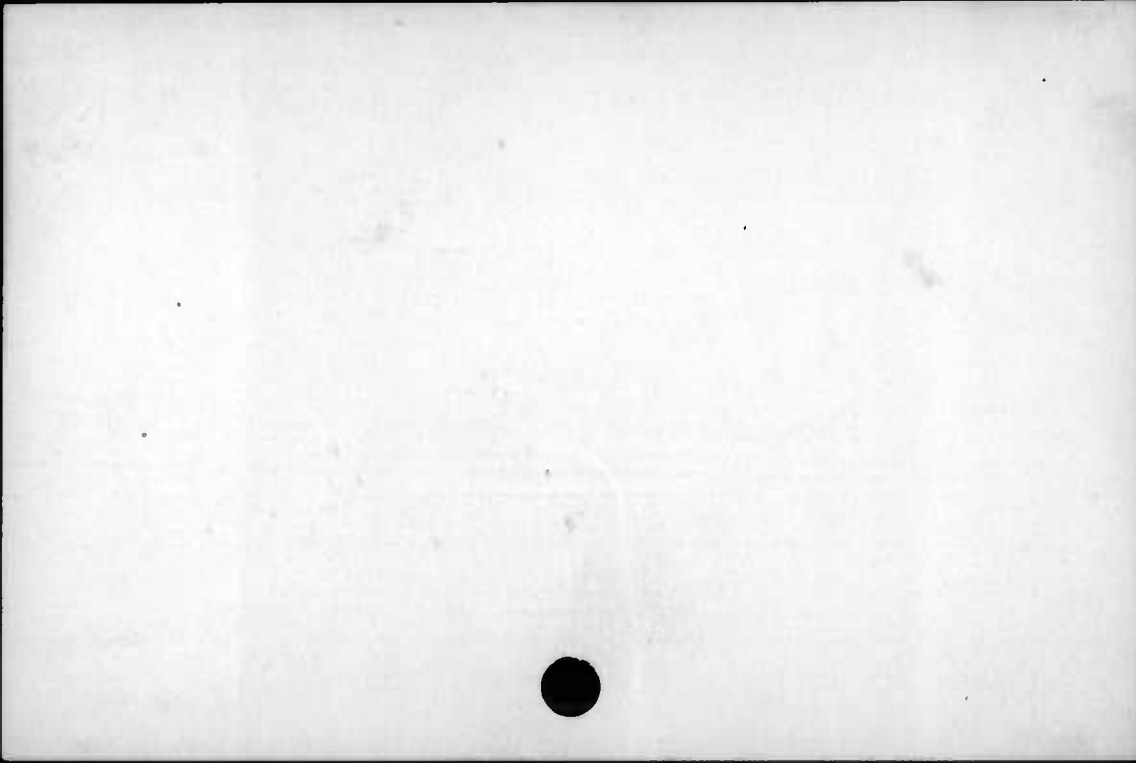
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brighton</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct.</i>	Day <i>14th</i>	Age <i>75</i> ^{Years}	Months <i>1</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer's wife</i>	Where Residing if not at place of death <i>Brighton Md.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Nathan M. Hobbs.</i>				
Father's Name <i>Hiram Worrell</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Rebecca DuVal</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Isabel B. Jones</i>	How related to deceased <i>Niece.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	<i>120</i> ^{How long} <i>18 months</i>
Immediate <i>Diphtheria & Bronchitis</i>	^{How long} <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. G. Spurrin</i>
	Address <i>Wiley</i>
Accident or Suicide?	



Name
in
Full

Dolcie Gervase Hyatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

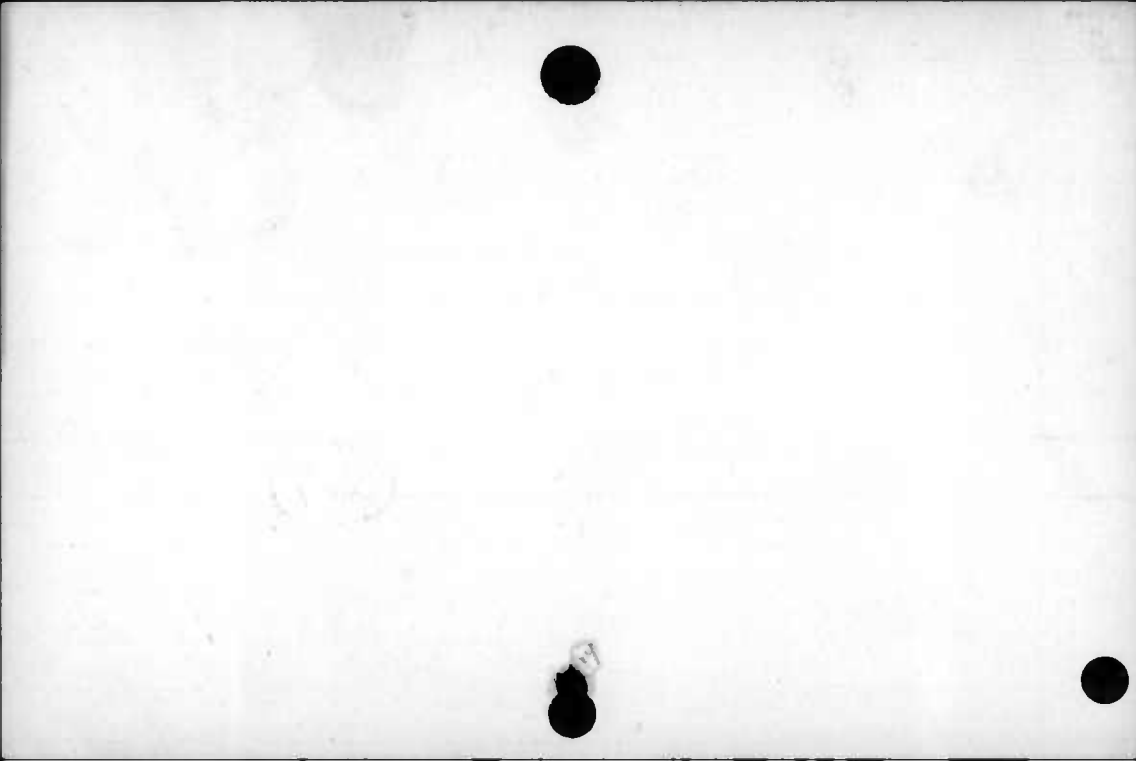
Died at <u>Baithersburg</u> ^{Town}		<u>Montg</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>23</u>	Years <u>34</u>	Months <u>4</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>Lewis W Hyatt</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Sallie A Millery</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Mrs Sallie A Hyatt</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pul Tuberculosis</u>	How long	<u>18 Months</u>
Immediate	<u>Exhaustion</u>	How long	<u>19 Week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E H Etchison</u>	
		Address <u>Baithersburg Md</u>	
Accident or Suicide? _____			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

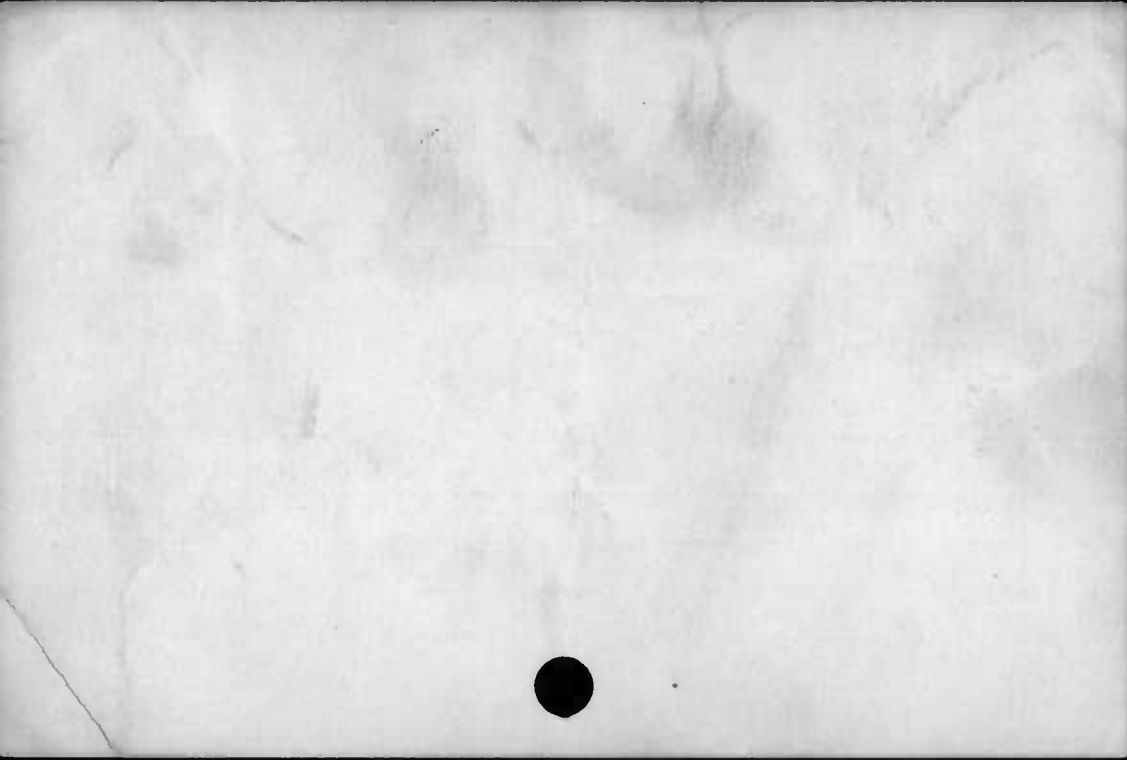
Name <i>Mattie Beulah Jackson</i>		Town <i>Rockhill</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Rockhill</i>		Month <i>Oct.</i>		Day <i>15</i>		Age <i>1</i> Years <i>1</i> Months <i>—</i> Days <i>25</i>	
Date of death <i>1907</i>		Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Rockhill</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Jackson</i>		Father's Birthplace <i>Potomac</i>					
Mother's Maiden Name <i>Eucetia Jackson</i>		Mother's Birthplace <i>Rockhill</i>					
Name of person giving information <i>Henry Jackson</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>2 mo.</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>George E. Lewis, M.D.</i>	
		Address <i>Rockhill, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

W. Oscar Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

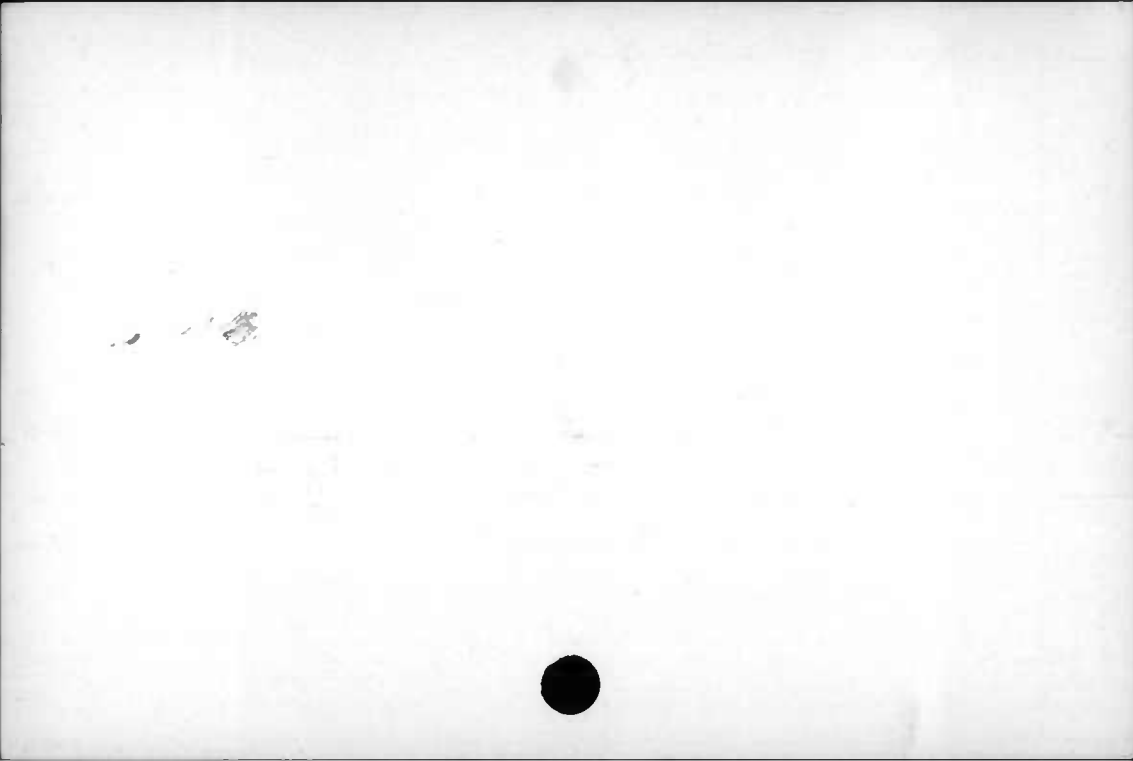
Died at <u>Sugar Land</u> ^{Town}		<u>Montg</u> ^{County}			
Date of death	1907	Month	10	Day	2
Age	Years		Months		Days
Sex	Male		Color or Race	Negro	
Occupation			Where Residing if not at place of death	Sugar Land Md	
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		Name of Wife or Husband			
Father's Name			Wm. Johnson		
Mother's Maiden Name			Dora Beander		
Name of person giving information			Arthur Brandison		
Father's Birthplace			Md.		
Mother's Birthplace			Md.		
How related to deceased			Step-Grandfather		

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	<u>Leucemia</u>	How long	<u>7 m birth</u>
Immediate	<u>Unknown</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		U. D. House M D	
Address		Dansonville Md.	
Accident or Suicide?			



Name
in
Full

Sarah F. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

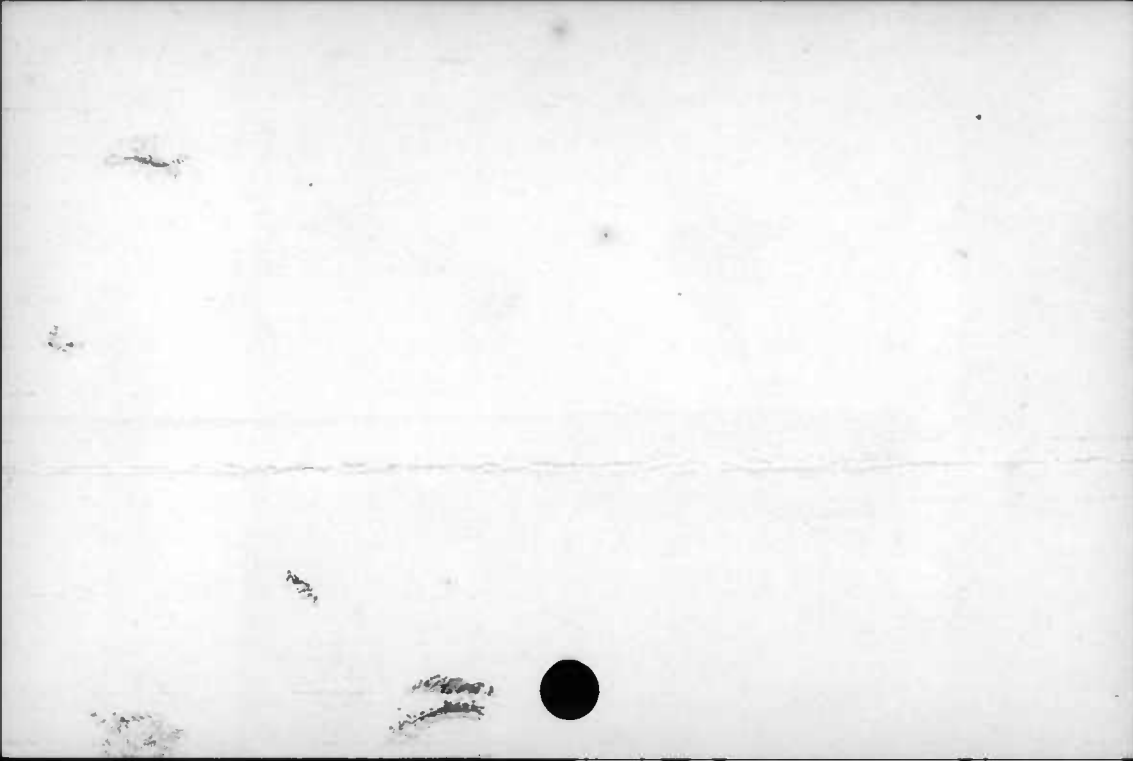
Died at <i>Brinklow</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND		
Date of death 190	<i>7</i> <small>Month</small>	<i>Oct</i> <small>Day</small>	<i>27</i> <small>Age</small>	<i>64</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Chalksburg, Md.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>					
Name of Wife or Husband <i>John King</i>						
Father's Name <i>Isaac Walker</i>				Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Rachel Hopkins</i>				Mother's Birthplace <i>"</i>		
Name of person giving information <i>John King</i>				How related to deceased <i>Husband</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>2 or 3 years</i>
Immediate <i>Anasarca &c</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Aug Stabler</i>
	Address <i>Brighton, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

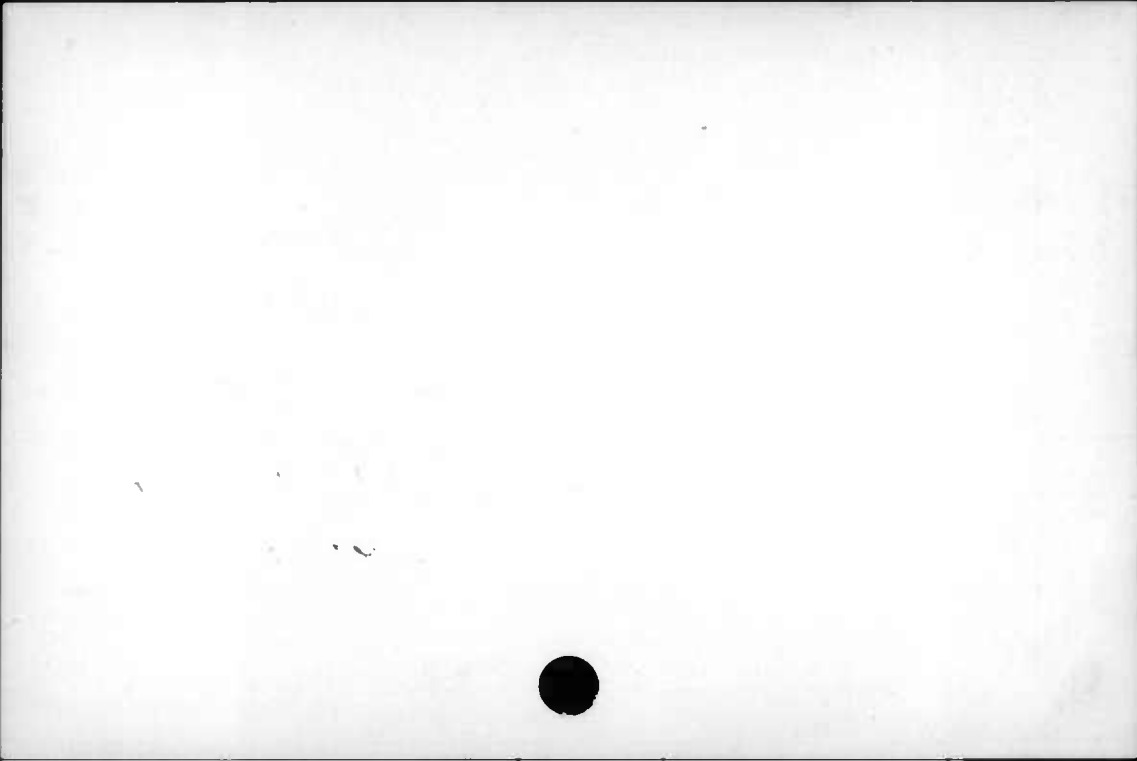
Name in Full <i>John Henry Kline</i>		Town <i>Bethesda</i>		County <i>Montgomery</i>		State MARYLAND	
Died at <i>Bethesda</i>		Month <i>Oct</i>		Day <i>29</i>		Years <i>44</i>	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>29</i>		Age <i>44</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth place <i>Md</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Same</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Bernard Kline</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Lydia Eckrode</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Augustus Kline</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Supposed Organic dis of Heart</i>		How long <i>Don't know</i>	
Immediate <i>Heart Failure</i>		How long <i>Sudden</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Lewis</i>	
		Address <i>Kensington</i>	
Accident or Suicide? <i>no</i>		<i>Md.</i>	



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

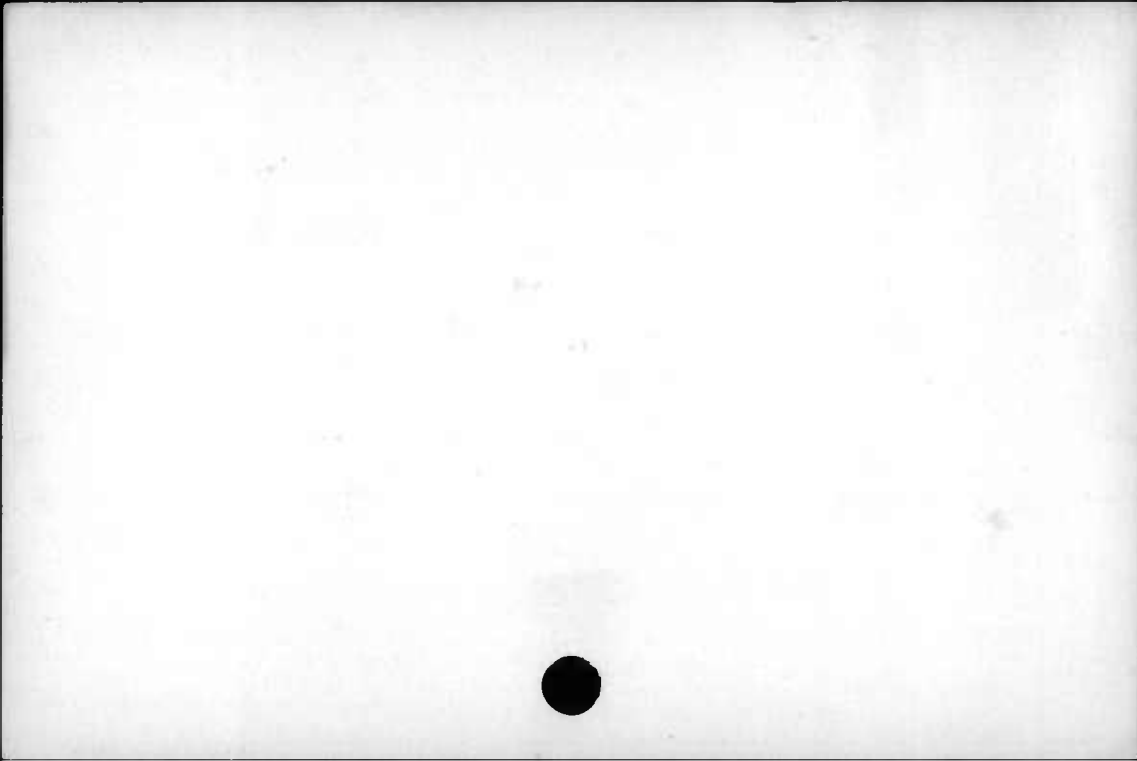
Died at <i>Terwood</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1907 Oct</i>	Month	<i>2</i>	Day	<i>60</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Virginia</i>
Occupation	<i>House wife</i>	Where Residing if not at place of death <i>Howard</i>			
Married, Single or Widowed	Name of Wife or Husband		<i>Arthur Mulligan</i>		
Father's Name	<i>Col Chas C Bullard</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Sarah E Chancellor</i>			Mother's Birthplace	<i>Virginia</i>
Name of person giving information	<i>Mrs Minnie Warren</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>9 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Claiborne H. Munnat.</i>
		Address	<i>Rockville Maryland</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Edward Perry

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Oct</u>	Day <u>27</u>	Age <u>66</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>Alabama</u>		
Occupation <u>Saborer</u>	Where Residing if not at place of death <u>Rockville</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rose Perry</u>				
Father's Name <u>—</u>	<u>Perry</u>		Father's Birthplace <u>Alabama</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Alabama</u>		
Name of person giving information <u>Hillean Duggin</u>			How related to deceased <u>Not at all</u>		

CAUSES OF DEATH

(122)

PHYSICIAN
OR CORONER

Primary <u>Nephro-lithiasis</u>	How long <u>3 or 4 weeks</u>
Immediate <u>uraemia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Claiborne H. Mannat</u>
	Address 
Accident or Suicide? <u>No</u>	



Name
in
Full

Gertrude Prather

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

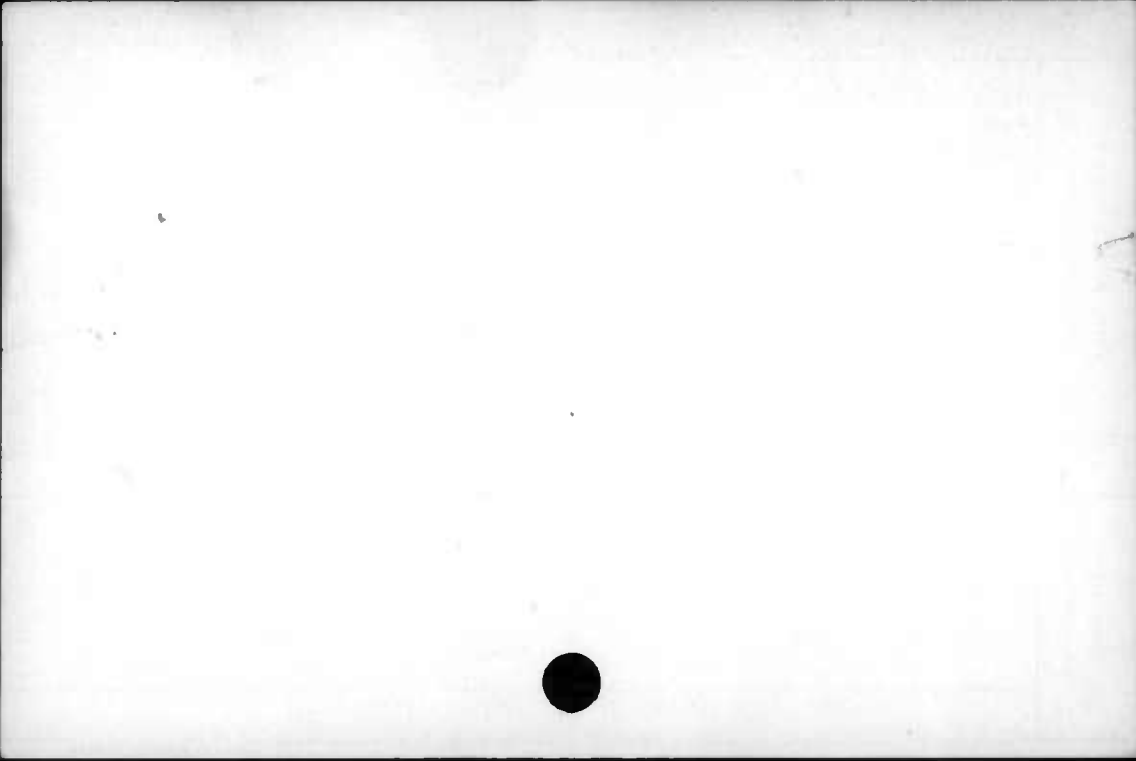
Died at <u>Shermanstown</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>1</u>	Age <u>36</u>	Months <u>8</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Shermanstown</u>		
Occupation <u>Cook</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband		
Father's Name <u>Henry Prather</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Ellen Davis</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Henry Prather</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Consumption</u>	How long <u>1 year</u>
Immediate <u>Pneumonia</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. C. Echison</u>
	Address <u>Baithsburg</u>
Accident or Suicide? <u>No</u>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Blanch Melvina Proctor

CERTIFICATE OF DEATH

Died at ^{Town} Poolsville^{County} Montz

MARYLAND

Date of death 1907 Oct

Month

Day

Age 8 Years

Months 6

Days

Sex Female

Color or
Race

colored

Birth-
place

Md.

Occupation

Schoolgirl

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert Proctor

Father's
Birthplace

Md.

Mother's
Maiden Name

Susan Jones

Mother's
Birthplace

Md.

Name of person giving
information

Wm Proctor

How related
to deceased

Brother

CAUSES OF DEATH

29

Primary

Tubercular Peritonitis

How long

Five months

Immediate

Coronary Arteriosclerosis

How long

Are the name, age, sex, color, date
and place correctly given above?

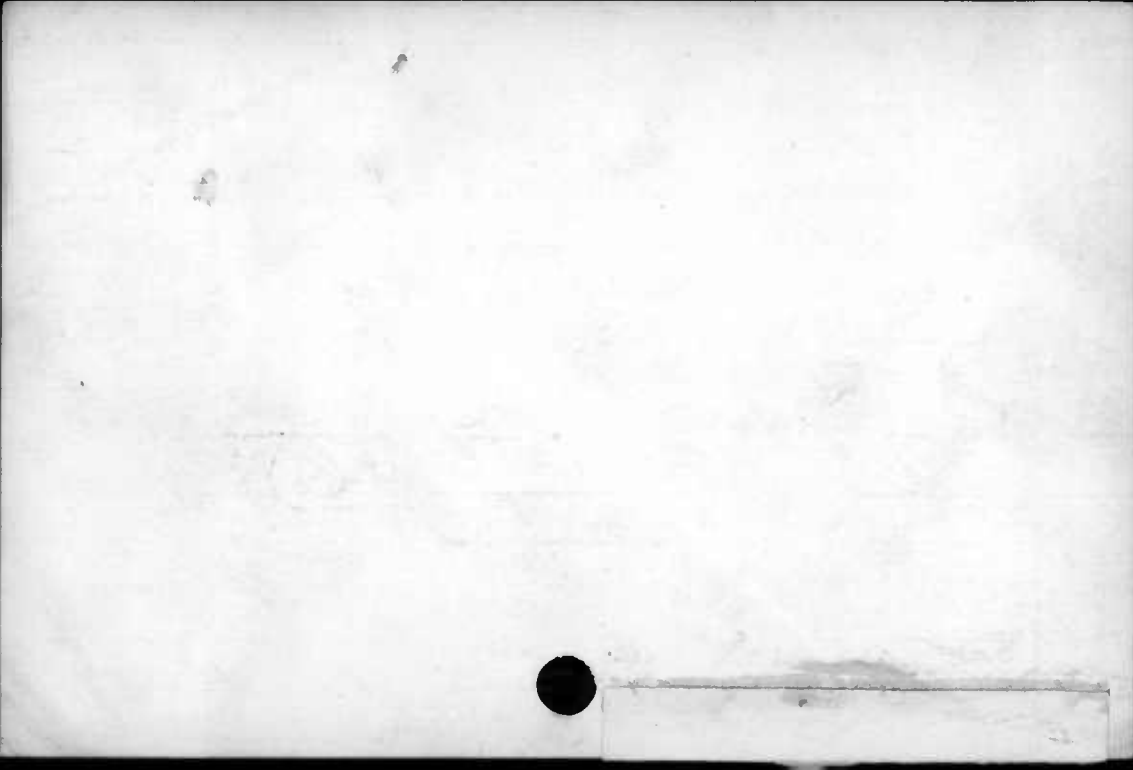
Yes

Signature of
Physician

Address

E. W. White
Poolsville
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

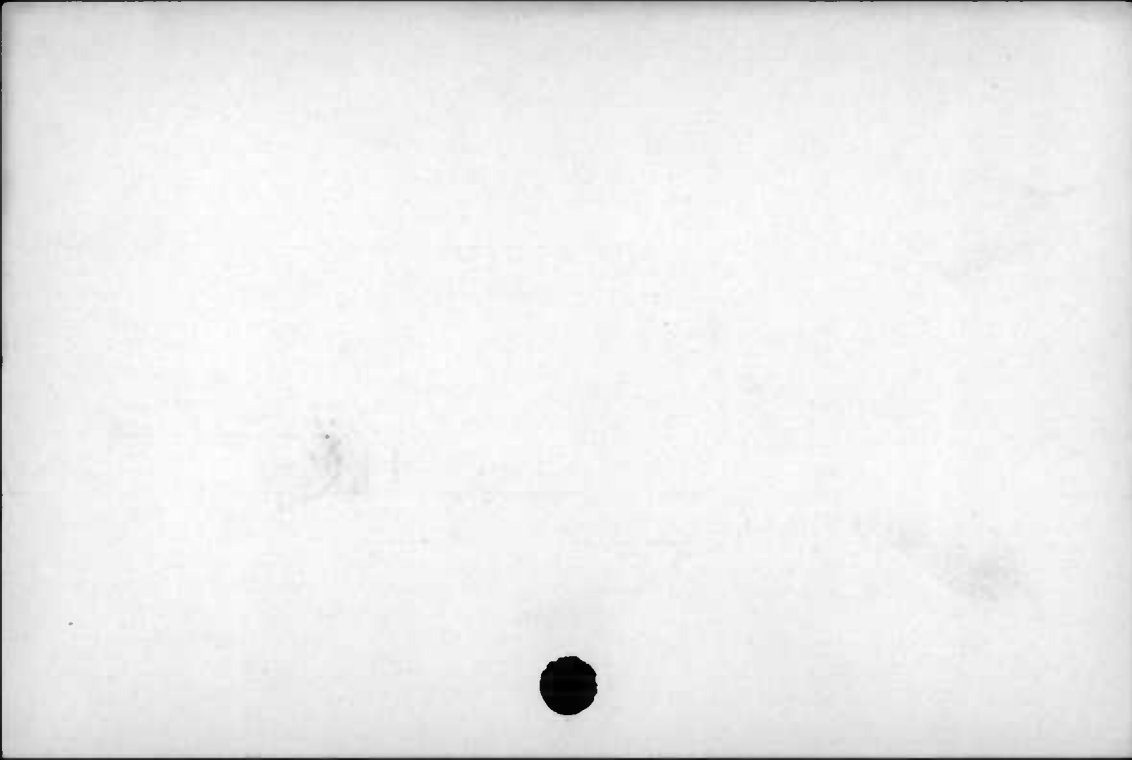
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Michael Thomas Ryley		Town Portersville		County Montgomery		MARYLAND	
Died at Portersville		Month Oct		Day 19		Years 64	
Date of death 1907 Oct 19		Age 64		Months 7		Days 4	
Sex Male		Color White		Birth-place Maryland			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband Mary Florence Williams					
Father's Name Hillary Ryley		Father's Birthplace md					
Mother's Maiden Name Matilda Brunner		Mother's Birthplace md					
Name of person giving information Joseph Ryley		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Organic Heart disease	How long over year
Immediate Cerebral Hemorrhage	How long 3 days
Are the name, age, sex, color, date and place correctly given above? ye	Signature of Physician B. W. Walling
	Address Portersville, md
Accident or Suicide? No	



Name
in
Full

Mary Elizabeth Slater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

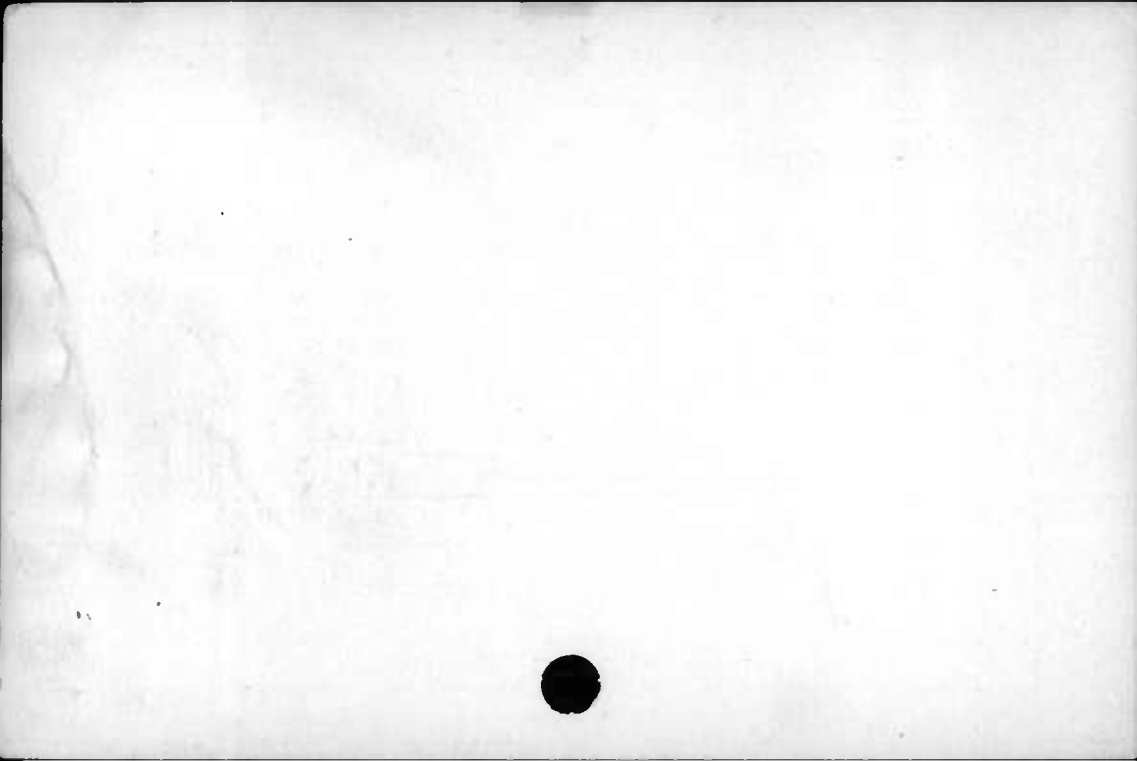
Died at <i>Polomac</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>Oct</i> ^{Day} <i>14</i>	Age	<i>68</i> ^{Years}	<i>X</i> ^{Months}	<i>X</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Va</i>
Occupation	<i>Housewife</i>	Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>James M. Slater</i>		
Father's Name	<i>Samuel Darr</i>	Father's Birthplace	<i>Va</i>		
Mother's Maiden Name	<i>Margaret Shormaker</i>	Mother's Birthplace	<i>Va</i>		
Name of person giving information	<i>Ida Slater</i>	How related to deceased	<i>Daughter</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral haemorrhage</i>	How long	<i>Two years ago</i>
Immediate	<i>Paralysis</i>	How long	<i>Two years.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. J. Pratt</i>
<i>yes</i>		Address	<i>Polomac Md.</i>
Accident or Suicide? <i>X</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

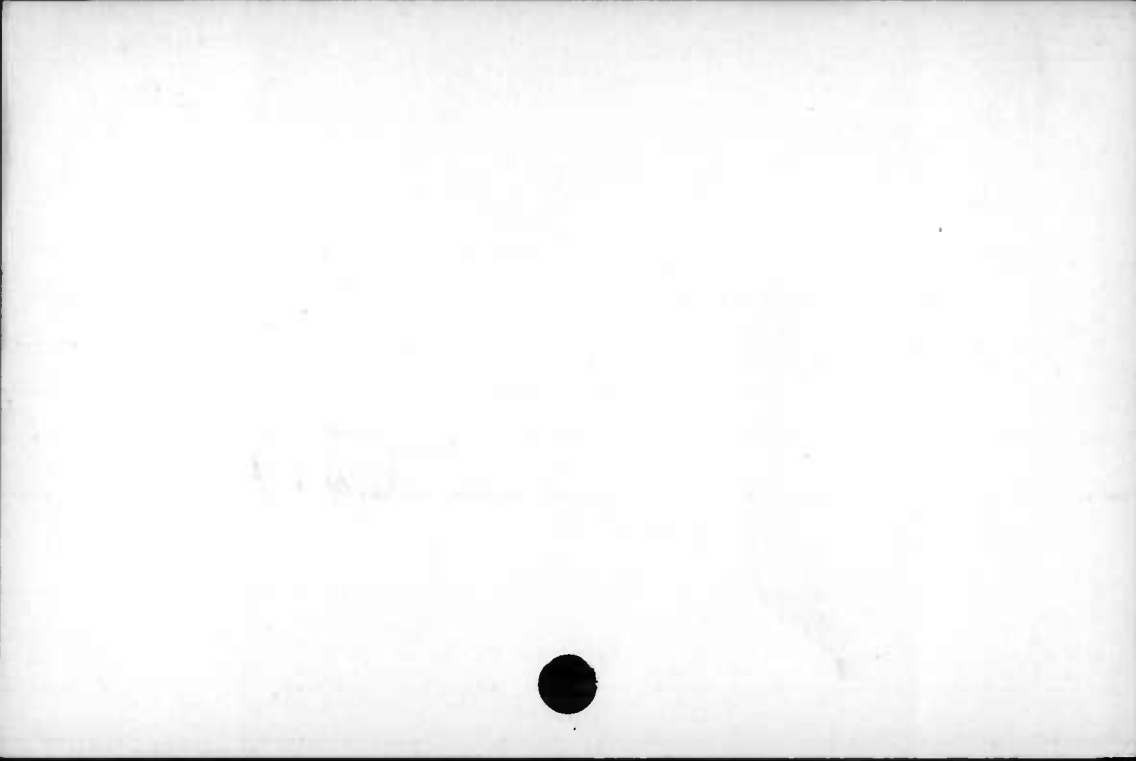
Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>19</i>	Age <i>2</i>	Months <i>8</i>	Days <i>24</i>
Sex <i>Mal</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <i>Rock's Turner</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Aquilla Sedgwick</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Aquilla Turner</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

(28)

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>Four months</i>
Immediate <i>Convulsions</i>	How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

Dollie Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Poosville* TownCounty *Md*

MARYLAND

Date of death *1907 Oct*

Month

Day *7*

Age

Years

Months *4*

Days

Sex *Female*Color or
Race *Black*Birth-
place *Martinsburg**Ind*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *Thomas Williams*Father's
Birthplace *Martinsburg*Mother's
Maiden Name *Lizzie Thompson*Mother's
Birthplace *Martinsburg*Name of person giving
In formation *Thomas Williams*How related
to deceased *father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONERPrimary *Cholera Infarctum*How long *ever since birth*

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *R. H. [unclear] sub reg*Address *Poosville*Accident or Suicide? *Ind*

